



REQUEST FOR REZONING

City of Cameron
254.697.6646
254.697.3040 Fax
www.camerontexas.net

FILING FEE: \$100.00

Please Type or Print Information:

This form shall be completed by the Property Owner or Agent and submitted to the Code Enforcement Officer along with the required number of copies of the respective plat, and all other required information.

Name of Subdivision:			
Property Owner or Agent Name:			
Address:			
City:		State:	
Telephone No:		Fax Number:	
Physical Location of Property for Rezone:			
Legal Description of Property for Rezone:			

CURRENT ZONE: _____

REQUESTED ZONE: _____

Note: A map showing the areas for re-zone should be attached. The submission map/drawings along with this application makes such items public record, and the Applicant understands that they may be viewed and/or reproduced by the general public.

(City Staff Use Only)

Application Received By: _____ Date Received: _____

Letters sent to surrounding properties: _____

Public Hearings:

P & Z Commission: _____ City Council: _____

Action Approved or Denied on _____. _____.